Division of Corporations

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Part 2

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Linear Contractors LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	01	
Estimated Charge	\$130.0	0

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Linear Contractors LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

93 Opp Blvd. Fort Wallton Beach, FL 32548

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature The name and Florida street address of the registered agent are:

Gabriel Kristof
Name
93 Opp Blvd.
(P.O. Box or Mail Drop Box NOT Acceptable)
Fort Wallton Beach, FL 32548

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature - Gabriel Kristof

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

Gabriel Kristof - (Managing Manager)
93 Opp Blvd.

Fort Wallton Beach, FL 32548

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gabriel	Kristof

Typed or printed name of signee

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